

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043103

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

47

Primary Registration District No.

3008

Registrar's No.

325

FILED NOV 19 1963

VS 300 Rev. 4/59	DATE AMENDED	1	0147	2	24010	3		4	0	5	0	6		7	1	8	0	9	4201	10		11		12	1-0	13	1-0
<p>1. PLACE OF DEATH</p> <p>a. COUNTY Callaway</p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) Fulton Length of stay in 1b 1 day</p> <p>c. FULL NAME OF (If NOT in hospital, give location) Callaway Mem. Hosp. Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE Mo. b. COUNTY St. Louis</p> <p>c. CITY OR TOWN Berkley Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS 6230 Garfields Ave. (If outside, give location) Reside on Farm <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>3. NAME OF DECEASED</p> <p>First Paul Middle Hudson Last Thompson</p> <p>4. DATE OF DEATH Nov. 9, 1963</p> <p>5. SEX Male 6. COLOR OR RACE white 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> 8. DATE OF BIRTH 11-9-63 9. AGE (last birthday) 61</p> <p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10b. KIND OF BUSINESS OR INDUSTRY Machine Shop 11. BIRTHPLACE (City and state or country) Genoa West Virginia 12. CITIZEN OF WHAT COUNTRY U.S.A.</p> <p>13a. FATHER'S NAME Henry B. Thompson 13b. MOTHER'S MAIDEN NAME Mary E. Lyeon 14. NAME OF HUSBAND OR WIFE none</p> <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. no 17. INFORMANT A. J. Thompson, Berkley, Mo. Address</p> <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) Cranary occlusion with acute infect and myocardial infarct</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 15 hours</p> <p>DUE TO (c)</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> <p>20c. TIME OF INJURY Hour a.m. Month, Day, Year</p> <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p> <p>20f. CITY, TOWN, OR LOCATION Fulton, Mo. COUNTY Fulton STATE Mo.</p> <p>21. I attended the deceased from day of emergency and death and last saw him alive on 9 Nov 63</p> <p>Death occurred at Nov. 9, 1963 - 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p> <p>22a. SIGNATURE P. L. Burk (Degree or title) 1163 22b. ADDRESS Fulton, Mo. 22c. DATE SIGNED 11-Nov-63</p> <p>23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-15-63 23c. NAME OF CEMETERY OR CREMATORY Memorial Park 23d. LOCATION (City, town, or county) St. Louis, Mo.</p> <p>24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo. ADDRESS Nov 13 - 1963 25. DATE RECD. BY LOCAL REG. Nov 13 - 1963 26. REGISTRAR'S SIGNATURE Maretha Lawrence</p>																											

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas M. Emmons

Licensed Embalmer No. 5064

P. O. Address Fulton, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.